



THE
PHYSICIANS' REPORT
AND
STATISTICAL TABLES
FOR THE YEAR
1853.

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THE
REPORT OF THE PHYSICIANS
OF
ST. LUKE'S HOSPITAL,
For the Year 1853.

THE Physicians beg to lay their Annual Report before the Governors of St. Luke's Hospital.

During the past year 58 male and 117 female patients have been admitted, there having remained from the previous year 26 males and 63 females, under treatment, making together 84 males and 180 females; of these 37 men and 82 women have been discharged cured, 12 men and 28 women uncured, and 6 men and 8 women have died; 5 men and 12 women have been removed at the request of friends. The total number therefore of patients discharged cured is 119, uncured 40, deaths 14; giving a per centage of 68.79 cured, of 23.12 uncured, and of 8.09 deaths.

The per centage of recoveries has been higher this year than in any previous year, except those of 1842 (when it was 70.37) and 1851, (when it was 74.01.)

The general health of the patients has been on the whole good, and we have no case of Cholera to report. It is true that the disease has not prevailed to the same extent in the Metropolis

as it did during the preceding Epidemic, but we have every reason to believe that we are now better prepared for it than upon its last visitation. Strict attention has been paid to the ventilation of the Wards and to the first symptoms of Diarrhœa, and all precautionary measures have been taken to ward off any predisposition to the disorder.

We take this opportunity of bringing under the notice of the Court, the active manner in which the resident Officers of the Establishment have discharged their respective duties. The Resident Medical Officer, the Steward, and the Matron, deserve our best thanks for the energy they have displayed in fulfilling their arduous employments; and when we state that no accident has occurred to the patients, during the past year, it will be seen that much has been due to their vigilance and to the vigilance of those under their authority, for averting those untoward events which are inevitably connected with Insanity.

The average number of patients in the Hospital, was in 1850, 197; in 1851, 194; and during the last year, 187. The reason of this diminution is that many County Asylums have lately been completed; some of our Boarders have been withdrawn, and many curable cases, which would have been sent up to London, are now admitted at once into the County Asylums.

The opening of the County Asylums having thus taken away many of our patients, the length of time that a patient remains upon the list for re-admission as a Boarder, is consequently much diminished. In July, 1849, there were 90 females and 45 males on this list, and the average time before a female patient was admitted into the Hospital, as a Boarder, was $3\frac{1}{2}$ years; in November, 1853, there were only 38 females and no males upon the list. The average time for the re-admission of a female is now only 18 months, and this has been the only year in which a male patient has been transferred from the curable to the in-

curable list, without having been previously discharged from the Hospital as uncured.

We hope that we may be allowed again to press the subject of the proposed BRANCH ASYLUM upon the attention of the Governors, by referring to what we said in our Report of last year, viz:—our recommendation that a Farm should be purchased in the neighbourhood of London, for the reception of boarders and of convalescent patients. A few might be selected from each class for change of air and scene, and as the Institution grew by subscriptions the number might be increased. The situation chosen for such Asylum should be a cheerful one, on a good soil, where plenty of water could be procured. The advantages to be derived from such a plan are too obvious to be mentioned, but we have had much hesitation in laying it before the Governors, in consequence of the expense with which it must necessarily be attended. We have derived some encouragement from the favourable manner in which the Branch Asylum of the Hospital for Consumption has been received by the public. We should not despair of interesting charitably disposed persons in such an object, and although the institution at Bournemouth need not be held up to us for rivalry, it may be for imitation upon a smaller scale.

PUPILS.

WE have not hitherto considered it necessary to publish the fact that pupils are admitted into St. Luke's Hospital, but as many gentlemen of the Medical profession are not aware that such is the case, we beg to state, in justice to the present Governors, as well as to the memory of the founders of the charity, that St. Luke's was the first Hospital in which pupils were admitted, in this country, to study Insanity. This was effected

in 1753, by Dr. Battie, a Physician who was before his age in this, as well as in other matters connected with the treatment of Insanity. This practice having fallen into disuse, was revived in 1842 by the present Physicians, and we again thank the Committee for having attended to the application.

Since 1843 (two years excepted) the senior Physician has given Annual Lectures, gratuitously, upon the Pathology, Symptoms, and Treatment of Insanity, to pupils selected by the Physicians and Surgeons of the Metropolitan Hospitals. In 1843 between thirty and forty gentlemen attended the Lectures,—in 1853 forty pupils were present, who had the opportunity of seeing the different forms of Insanity in the wards of the Hospital, after the termination of the Lectures.

The Hospital pupils have the privilege of attending the Clinical Lectures, which are delivered every month, the Post Mortem examinations, and the practice of the Hospital. We beg to thank the Committee for having taken into consideration our recommendations for doubling the number of the Hospital pupils, and for appointing Clinical Clerks.

We beg to state that in our experience no bad consequence has resulted from the attendance of pupils in the Wards of the Hospital, on the contrary, we consider that the monotonous life of the patients has been broken in upon and their curiosity aroused, by the presence of the pupils; and we are further of opinion that the benefits of the Charity are likely to be extended, and science advanced, by the stimulus which the desire for information gives: moreover the frequent visits of the Clinical Clerks in the Wards of the Hospital, will be beneficial to the patients, as well as to the attendants. M. Falret (in the *Annales Medico-Psychologiques*) has made some just observations on the subject, and as we think, has answered all the objections against the admission of pupils into Asylums for the Insane.

PATIENTS.

It is encouraging to have to report that five female patients, viz:—S. H., S. K., S. P., E. B., and J. H., upon the list of patients deemed incurable, have recovered, and that M. E. D., a female, J. N. and C. S., two male boarders, were discharged cured, Nov. 4, and Dec. 30th. These eight recoveries in patients whose disease had existed from five to twelve years, shew how cautious we ought to be in pronouncing a case hopeless, merely on account of its long duration, and also teaches us not to relax our efforts in endeavouring to restore such patients to health. But though the length of time during which Insanity has existed, is a very material element in forming our prognosis; we certainly think more seriously of the complication of the disease with symptoms of Paralysis, and here again we have had some encouragement this year; for James P., who was admitted Sep. 30, and who laboured under Hemiplegia, was discharged cured on Dec. 30th. If this were the proper time we would draw a distinction between the different forms and degrees of Paralysis as influencing us in giving a favourable or unfavourable prognosis of the disease in question, but this is a subject better suited to our Lectures.

The *Lancet*, of February 5th, 1853, thus takes notice of the increase of insanity amongst the working classes:—“ An official
 “ report, just published by the parochial authorities of Mary-
 “ lebone, states that insanity has lately increased to such an
 “ extent among the working classes that none but those whose
 “ duties bring them into contact with the sufferers can form an
 “ idea of its fearful spread. There are no less than 494
 “ chargeable to the parish. In St. Pancras, insanity also
 “ prevails to an unusual amount, especially among the humbler
 “ classes. It is to be hoped that this painful fact will be made

“the subject of official and medical inquiries, with a view to trace its origin, and to retard, if possible, its progress.” In making any remarks upon this statement, we would wish it to be borne in mind—first, that the number of cases of insanity increases with the advance of civilization, and, of course, increases with that of the population; secondly, that great national calamities, or great national changes, produce, as long as the effects last, a tendency to insanity amongst those predisposed to it.

We need not go far to discover causes which have produced great changes and great excitement among the working classes during the last few years. Whoever took the trouble to investigate for himself the privations of the poorer classes before the repeal of the Corn Laws, and even so late as 1849 and 1850, will be able to appreciate the excitement which was produced amongst them by the discoveries of gold in California and Australia; and although emigration has been the cause of independence, and indeed affluence, to many, and although pauperism has thereby much decreased yet in consequence of the strong attachments which the English feel to their nearest relatives, the separation from them has been a very great trial to those left behind in the mother-country; as examples of which we would quote the case of F. F., who was admitted February 4th, and who was discharged cured December 16th, and who became insane in consequence of the departure of her lover to Australia; and that of E. B., who also became insane after parting with her three brothers, who sailed for Melbourne a short time previous to her admission.

TREATMENT.

The views of the medical treatment of insanity pursued at the Hospital have already been published by the Commissioners

in Lunacy, and those views have been confirmed by our daily experience. We have said that St. Luke's is a Hospital for the treatment of curable cases. The average number of curable cases in the week has been during the last year 87; the number of prescriptions dispensed has been 6,846 during the year;—a proof that our faith in medicine as a most efficient means of treatment has not been shaken.

The question of the utility of the medical treatment of insanity we consider to be placed upon a sure foundation; for when we consider the causes, the symptoms, and the complications of the disease, we think a Physician ill-adapted to its treatment who has not made himself acquainted with disease in the wards of a Hospital and at the bedside of the patient previously to his undertaking that most difficult treatment—the diseased manifestations of a disordered brain.

The average number of patients attending Divine service during the year has been 70; and we are glad to be able to state that the conduct of the patients at the Chapel has been for the most part orderly.

We are also happy to inform the Committee that, owing to the exertions of our late and present Resident Medical Officers, mechanical restraint has not been requisite for some time past. It is also due to our Matron to say that the amusements and occupations on the female side of the house have been conducted with that zeal, intelligence, and kindness, which we have formerly remarked with so much gratification.

Some of the Committee were instrumental, either by their subscriptions or by their personal attendance, to the success of the Christmas ball, and we believe that it was not inferior to any that preceded it. The balls are given, as heretofore, once a fortnight, and are, in our opinion, beneficial to the patients. If they were held merely to gratify the idle curiosity of

strangers, we should not recommend them to be continued; but, as the patients who are boarders are cheered by them, and those who are curable are gratified by them, we hope that they may not be given up.

We have been much pleased by the manner in which some of the boarders have been induced to work, and in observing the greater vigour of intellect and the lesser amount of excitement displayed in those who are either occupied or amused.

In conclusion, we have to thank the Resident Medical Officer and the Steward for having drawn up with so much care the analysis of Post-Mortem Examinations and the Statistical Tables.

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STATISTICAL TABLES

For the year 1853.

N^o. II.

STATEMENT of the Number of PATIENTS ADMITTED and DISCHARGED from 1st January to 31st December, 1853.

(I.) PATIENTS DEEMED CURABLE.

	Males.	Females.	Total.
In the Hospital on 1st January, 1853.	26	63	89
Admitted during the year	58	117	175
	84	180	264
Discharged—Unfit	4	8	
By desire of Friends	1	4	
Remaining in the Hospital	24	50	
	29	62	91
Treatment completed	55	118	173

STATEMENT shewing the per centage.

Males.	Females.
Cured.. 37 equal to 67.27 per cent...	Cured.. 82 equal to 69.49 per cent.
Uncured 12 „ 21.82 „ ..	Uncured 28 „ 23.73 „
Died .. 6 „ 10.91 „ ..	Died .. 8 „ 6.78 „
<u>55</u>	<u>118</u>

Males and Females together.

Cured.. .. 119 equal to 68.79 per cent.
Uncured 40 „ 23.12 „
Died 14 „ 8.09 „
<u>173</u>

TABLES FOR 1853—continued.

Admissions and Discharges—continued.

(II.) PATIENTS DEEMED INCURABLE.

	Males.	Females.	Total.
In the Hospital on 1st January, 1853	49	48	97
Admitted during the year	6	5	11
	55	53	108
	Males	Fem.	
Discharged Cured	2	1	
—————by desire of Friends	2	3	
—————Friends not complying with Rules	5	—	
—————On trial	1	—	
Died	2	1	
	12	5	17
Remaining in the Hospital	43	48	91

(III.) SYNOPSIS OF THE TWO CLASSES.

	Curable.	Incurable	Total.
On the Books on 1st January, 1853.	89	97	186
Admitted in 1853.	175	11	186
	264	108	372
Discharged in 1853.	190	17	207
Remaining in the Hospital	74	91	165
	Males.	Females.	Total.
Average Weekly number of Patients in the Hospital ..	75	112	187
	Males.	Females.	Total.
Average number of Patients attending Divine Service within the Hospital	28	42	70

TABLES FOR 1853—continued.

Admissions and Discharges—continued.

(IV.) DISCHARGES ACCORDING TO THE RETURNS REQUIRED
BY 8 AND 9 VICT., C. 100.

	Males.	Females.		Males.	Females.	Total.
Recovered	41	85				
Less returned within 2 months ..	2	2				
			39	83		122
Relieved			1	2		3
Not improved			24	41		65
Died			8	9		17
Total			72	135		207

TABLES FOR 1853—*continued.*N^o. II.MONTHLY ADMISSIONS, CURES, *and* DEATHS of
CURABLE PATIENTS *during* 1853.

MONTH	ADMITTED.			CURED.			DIED.		
	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
January ..	7	6	13	0	1	1	1	1	2
February ..	5	11	16	3	6	9	—	—	—
March ..	3	13	16	2	4	6	—	1	1
April	8	5	13	4	5	9	—	2	2
May	2	10	12	1	4	5	1	—	1
June	4	12	16	3	6	9	—	1	1
July	7	10	17	2	8	10	1	—	1
August. ..	4	16	20	3	6	9	2	1	3
September..	9	13	22	10	12	22	—	—	—
October. ..	3	8	11	2	7	9	1	—	1
November ..	1	8	9	1	10	11	—	—	—
December ..	5	5	10	6	13	19	—	2	2
Total ..	58	117	175	37	82	119	6	8	14

Patients discharged and re-admitted within two months not included in the above.

TABLES FOR 1853—*continued.*

N^o. III.

PERIOD *of* RESIDENCE *in the Hospital of* PATIENTS
DISCHARGED CURED *in* 1853.

							Males.	Females.	Total.
3	Weeks	..	..	..	..	..	1	—	1
4	"	..	..	..	..	..	—	3	3
5	"	..	..	..	..	..	2	2	4
6	"	..	..	..	..	..	1	4	5
7	"	..	..	..	..	..	—	6	6
2	Months and upwards	..	..	..	..	..	6	14	20
3	"	"	"	..	..	..	5	15	20
4	"	"	"	..	..	..	5	7	12
5	"	"	"	..	..	..	5	4	9
6	"	"	"	..	..	..	1	6	7
7	"	"	"	..	..	..	3	7	10
8	"	"	"	..	..	..	2	3	5
9	"	"	"	..	..	..	1	—	1
10	"	"	"	..	..	..	1	5	6
11	"	"	"	..	..	..	3	2	5
12	"	"	"	..	..	..	1	4	5
20	"	"	"	..	..	..	1	—	1
35	"	"	"	..	..	..	1	—	1
52	"	"	"	..	..	..	—	1	1
Total							39	83	122

N^o. IV.

DOMESTIC CONDITION *of* CURABLE PATIENTS
admitted during 1853.

							Males.	Females.	Total.
Married	..	..	..	..	..	..	28	49	77
Single	..	..	..	..	..	..	25	59	84
Widowed.	..	..	..	..	..	..	5	9	14
Total	..	..	..	..	..	..	58	117	175

TABLES FOR 1853—*continued.*

N^o. V.

HEREDITARY PREDISPOSITION *of* CURABLE
PATIENTS *admitted during* 1853.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Hereditary	11	35	46
Not Hereditary	40	71	111
Not ascertained	7	11	18
Total	58	117	175

N^o. VI.

AGES *of* CURABLE PATIENTS *admitted during* 1853.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
From 12 to 15 Years	—	—	—
„ 16 to 20 „	6	11	17
„ 21 to 25 „	10	19	29
„ 26 to 30 „	3	16	19
„ 31 to 35 „	8	15	23
„ 36 to 40 „	10	10	20
„ 41 to 45 „	2	13	15
„ 46 to 50 „	3	12	15
„ 51 to 55 „	6	10	16
„ 56 to 60 „	4	6	10
„ 61 to 65 „	4	4	8
„ 66 to 70 „	2	1	3
Total	58	117	175

TABLES FOR 1853—*continued.*

N^o. VII.

DURATION of EXISTING ATTACKS of CURABLE PATIENTS *at the time of admission in 1853.*

							Males.	Females.	Total.
Under 1 Week	..	..	..	..	..	..	3	7	10
1 Week	..	..	..	..	..	..	3	8	11
2 Weeks	..	..	..	..	..	..	5	8	13
3 "	..	..	..	..	..	..	7	4	11
4 "	..	..	..	..	..	..	3	10	13
5 "	..	..	..	..	..	..	3	4	7
6 "	..	..	..	..	..	..	3	4	7
7 "	..	..	..	..	..	..	1	4	5
2 Months	..	..	..	..	..	..	8	16	24
3 "	..	..	..	..	..	..	7	15	22
4 "	..	..	..	..	..	..	6	10	16
5 "	..	..	..	..	..	..	2	6	8
6 "	..	..	..	..	..	..	2	9	11
7 "	..	..	..	..	..	..	2	3	5
8 "	..	..	..	..	..	..	—	3	3
9 "	..	..	..	..	..	..	2	2	4
10 "	..	..	..	..	..	..	—	4	4
11 "	..	..	..	..	..	..	1	—	1
Total	..	..	..	..	..	..	58	117	175

N^o. VIII.

NUMBER of ATTACKS of CURABLE PATIENTS *admitted during 1853.*

							Males.	Females.	Total.
First	..	..	..	..	..	..	39	79	118
Second	..	..	..	..	..	..	10	21	31
Third	..	..	..	..	..	..	5	13	18
Fourth	..	..	..	..	..	..	1	2	3
Sixth	..	..	..	..	..	..	1	—	1
Seventh	..	..	..	..	..	..	1	—	1
Eighth	..	..	..	..	..	..	—	1	1
Ninth	..	..	..	..	..	..	1	1	2
Total	..	..	..	..	..	..	58	117	175

TABLES FOR 1853—*continued.*

N^o. IX.

RESIDENCE *of* CURABLE PATIENTS
prior to admission in 1853.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Metropolis	23	55	78
Provinces	35	62	97
Total	58	117	175

N^o. X.

RELIGIOUS PERSUASION *of* CURABLE PATIENTS
admitted during 1853.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Baptist.. .. .	4	18	22
Calvinist.	—	1	1
Church of England	40	77	117
Church of Scotland	—	1	1
Independent	4	8	12
Jewish.. .. .	1	—	1
Mormonite	1	—	1
Roman Catholic	1	1	2
Wesleyan Methodist	7	11	18
Total	58	117	175

TABLES FOR 1853—continued.

N^o. XI.

OCCUPATION of CURABLE PATIENTS *admitted during 1853.*

MALES.									FEMALES.								
Attorney	...	...	...	...	...	...	1		Attendant at Lunatic Asylum	...	...	...	...	...	1		
Brewer's Laborer	...	...	...	...	...	...	1		Bar-Maid	...	...	...	...	...	1		
Builder	...	...	...	...	...	...	1		Bonnet-Makers	...	...	...	...	...	2		
Butcher	...	...	...	...	...	...	1		Book-Folder	...	...	...	...	...	1		
Butler	...	...	...	...	...	...	1		Dress-Makers	...	...	...	...	...	7		
Cabinet-Makers	...	...	...	...	...	...	2		Embroideress	...	...	...	...	...	1		
Clerks	...	...	...	...	...	...	3		Governesses	...	...	...	...	...	5		
Coach Makers	...	...	...	...	...	...	2		House-Keepers	...	...	...	...	...	6		
Customs-Waterman	...	...	...	...	...	...	1		Lady's Companion	...	...	...	...	...	1		
Drapers	...	...	...	...	...	...	3		Laundresses	...	...	...	...	...	3		
Farmers	...	...	...	...	...	...	2		Milliners	...	...	...	...	...	6		
Game-Keeper	...	...	...	...	...	...	1		Needlewomen	...	...	...	...	...	6		
Grocers	...	...	...	...	...	...	3		Nurse	...	...	...	...	...	1		
Groom	...	...	...	...	...	...	1		School-Mistresses	...	...	...	...	...	2		
House-Painter	...	...	...	...	...	...	1		Servants	...	...	...	...	...	29		
Labourers	...	...	...	...	...	...	6		Shoe Binders	...	...	...	...	...	2		
Letter-Sorter	...	...	...	...	...	...	1		Shopwomen	...	...	...	...	...	2		
Messenger	...	...	...	...	...	...	1		Silk Warper	...	...	...	...	...	1		
Millers	...	...	...	...	...	...	2		Silk-Winder	...	...	...	...	...	1		
Painter	...	...	...	...	...	...	1										
Publicans	...	...	...	...	...	...	3		Wives of the following, viz.,—								
Rope-Maker	...	...	...	...	...	...	1		Baker	...	...	...	...	...	1		
Sawyer	...	...	...	...	...	...	1		Bricklayers	...	...	...	...	...	2		
Schoolmasters	...	...	...	...	...	...	2		Broker	...	...	...	...	...	1		
Sculptor	...	...	...	...	...	...	1		Brush Maker	...	...	...	...	...	1		
Seaman	...	...	...	...	...	...	1		Carpenter	...	...	...	...	...	1		
Shipwrights	...	...	...	...	...	...	3		Clerk	...	...	...	...	...	1		
Shoe-Makers	...	...	...	...	...	...	3		Engineer	...	...	...	...	...	1		
Solicitor	...	...	...	...	...	...	1		Farmers	...	...	...	...	...	2		
Surgical Instrument Maker	...	...	...	...	...	...	1		Grocer	...	...	...	...	...	1		
Ticket-Writer	...	...	...	...	...	...	1		Harness-Maker	...	...	...	...	...	1		
Toll-Keeper	...	...	...	...	...	...	1		Labourers	...	...	...	...	...	4		
Veterinary-Surgeon	...	...	...	...	...	...	1		Messenger	...	...	...	...	...	1		
Not stated	...	...	...	...	...	...	3		Miller	...	...	...	...	...	1		
									Publicans	...	...	...	...	...	4		
									Railway-Officer	...	...	...	...	...	1		
									Scripture-Reader	...	...	...	...	...	1		
									Ship-Carpenter	...	...	...	...	...	1		
									Spectacle Maker	...	...	...	...	...	1		
									Tobaceonist	...	...	...	...	...	1		
									Widow of Farmer	...	...	...	...	...	1		
									„ Publican	...	...	...	...	...	1		
									Not Stated...	...	...	...	...	...	10		

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Males 58
Females 117
Total 175

TABLES FOR 1853—*continued.*

No. XII.

NUMBER of DEATHS of CURABLE and INCURABLE
PATIENTS during the year 1853, shewing the assigned causes
thereof.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Atrophy	—	1	1
Carbuncle	—	1	1
Disease of the Heart	1	1	2
Disease of the Kidneys.. .. .	—	1	1
Disease of the Stomach.. .. .	1	—	1
Effusion of Blood upon Brain	1	—	1
Erysipelas	—	2	2
Exhaustion	—	2	2
Exhaustion and Erysipelas.. .. .	—	1	1
Hæmorrhage after Pneumonia	1	—	1
Mesenteric Disease	1	—	1
Peritonitis	1	—	1
Phthisis	1	—	1
Typhoid Fever	1	—	1
Total	8	9	17

GENERAL PARALYSIS OF THE INSANE.

N^o. XIII.

Statement of the Number of Patients presented for admission to St. Luke's Hospital, from 24th June, 1842 to 24th June, 1852, but not admitted, in consequence of having been found on examination to be suffering from Paralysis of the Insane.

				Males.	Females.	Total.
From 21 to 25 years	..	..		—	1	1
„ 26 to 30	„	..	..	13	2	15
„ 31 to 35	„	..	..	12	3	15
„ 36 to 40	„	..	..	31	3	34
„ 41 to 45	„	..	..	32	4	36
„ 46 to 50	„	..	..	19	4	23
„ 51 to 55	„	..	..	7	2	9
„ 56 to 60	„	..	..	7	2	9
„ 61 to 65	„	..	..	2	2	4
„ 66 to 70	„	..	..	2	—	2
Total	..	..	..	125	23	148

	Males.	Females.
Average Ages on the above	42 $\frac{1}{4}$ years.	43 $\frac{1}{2}$ years.

	Males.	Females.	Total.
Patients admitted, but subsequently discharged, being Paralytic, during the same period of 10 years }	73	25	98

TABLE of the relative WEIGHTS of Patients on their admission and discharge.

NAME.	Age.	Sex.	Form of Malady.	Period of Residence.	Weight on Admission.		Weight on Discharge.		Increase.	Decrease.	How Discharged
				weeks.	st.	lbs.	st.	lbs.	lbs.	lbs.	
J. A. L.	50	Female	Monomania	52	8	4	8	5	1	...	Uncured
M. P—e.	27	Female	Melancholia	52	8	4	8	4	...	...	Uncured
S. A—r.	47	Female	Monomania	52	8	8	8	13	5	...	Uncured
M. J. B.	31	Female	Suic. Mono.	52	6	10	7	10	14	...	Uncured
E. P—s.	55	Female	Mania	52	7	3	8	3	14	...	Uncured
H. W—s.	31	Female	Puerp. Man.	52	9	3	9	4	1	...	Uncured
J. S—h.	38	Female	Melancholia	52	8	7	9	2	9	...	Uncured
J. W—n.	28	Female	Puerp. Man.	52	6	7	6	4	...	3	Uncured
J. B. T.	25	Male	Dementia	52	9	0	9	10	10	...	Uncured
J. B—t.	41	Male	Melancholia	80	8	4	9	5	15	...	Cured
G. S—s.	23	Male	Melancholia	45	7	11	8	3	6	...	Cured
W. H. K.	36	Male	Monomania	52	10	0	10	7	7	...	Uncured
M. T—r	18	Female	Mania	48	5	5	6	10	19	...	Cured
S. B—t.	36	Female	Monomania	52	8	0	5	10	...	32	Uncured
G. P—g.	34	Male	Melancholia	52	9	5	9	2	...	3	Uncured
E. Q—l.	24	Male	Mania	52	7	10	9	4	22	...	Uncured
J. D—e.	28	Male	Dementia	52	9	7	9	13	6	...	Uncured
R. S—d.	32	Male	Monomania	52	10	7	9	13	...	8	Uncured
R. B. R.	33	Female	Monomania	41	7	4	8	1	11	...	Cured
C. M—e.	43	Female	Mania	52	7	4	8	6	16	...	Uncured
E. S—r.	52	Female	Mania	52	6	4	6	13	9	...	Uncured
G. E—t.	22	Male	Mania	60	9	7	9	9	2	...	Uncured
T. C—l.	49	Male	Mania	52	9	10	11	3	21	...	Uncured
E. J—s.	40	Female	Mania	35	8	9	9	2	7	...	Cured
C. W—e.	58	Female	Mania	41	7	2	7	4	2	...	Cured
A. E—t.	21	Female	Mania	29	8	8	9	10	16	...	Cured
S. K—g.	44	Female	Monomania	52	6	10	7	0	4	...	Uncured
W. B. B.	43	Male	Mania	45	9	7	10	6	13	...	Cured
H. R—n.	57	Female	Monomania	52	7	10	8	4	8	...	Uncured
H. B—t.	23	Male	Acute Mania	23	9	10	10	11	15	...	Cured
A. D—g.	31	Female	Melancholia	52	7	7	8	1	8	...	Cured
J. J. W.	21	Male	Mania	21	9	8	9	9	1	...	Cured
S. C—n.	50	Female	Mania	33	7	5	8	9	18	...	Cured

TABLE of WEIGHTS—continued.

NAME.	Age.	Sex.	Form of Malady.	Period of Residence.	Weight on Admission.		Weight on Discharge.		Increase.	Decrease.	How Discharged.
				weeks.	st.	lbs.	st.	lbs.	lbs.	lbs.	
A. S—t.	32	Female	Melancholia	41	7	11	8	13	16	...	Cured
W.M—s.	25	Male	Acute De- [mentia	52	9	8	10	12	18	...	Cured
B—s.	19	Female	Mania	19	8	12	8	12	...	...	Cured
T—r.	61	Male	Melancholia	31	14	5	14	7	2	...	Cured
H—t.	32	Female	Mania	24	9	6	9	6	...	...	Cured
T—r.	52	Male	Melancholia	21	14	9	15	6	11	...	Cured
H. B. H.	22	Female	Mania	45	7	13	9	0	15	...	Cured
M. A. L.	16	Female	Mania	21	7	1	8	10	23	...	Cured
R.W—n.	19	Male	Mania	19	8	9	9	10	15	...	Cured
R. J. C.	34	Male	Mania	31	7	12	10	5	35	...	Cured
B. U—n.	46	Male	Melancholia	32	10	11	10	13	2	...	Cured
E. M—y.	16	Female	Mania	30	6	11	7	7	10	...	Cured
F. H—l.	23	Female	Melancholia	43	8	12	9	5	7	...	Cured
W.W—d	21	Male	Mania	40	9	7	11	6	27	...	Cured
S. G.—e.	42	Female	Mania	13	7	6	7	6	...	...	Cured
M. L. A.	27	Female	Melancholia	23	7	2	7	13	11	...	Cured
M. A. T.	40	Female	Melancholia	40	8	0	7	2	...	12	Cured
R. A. P.	50	Male	Monomania	13	10	1	10	10	9	...	Cured
M. M. B.	30	Female	Monomania	31	8	13	9	13	14	...	Cured
M. A. S.	21	Female	Mania	30	6	7	7	5	12	...	Cured
E. S—d.	31	Female	Melancholia	18	8	6	8	4	...	2	Cured
F. S—t.	41	Female	Puer. Mania	14	8	3	8	7	4	...	Cured
D. G—n.	54	Male	Melancholia	12	10	10	10	12	2	...	Cured
T. B. F.	54	Male	Melancholia	23	10	1	11	6	5	...	Cured
J. B—s	28	Male	Melancholia	8	10	10	10	9	...	1	Cured
M.G—y.	25	Female	Melancholia	8	8	8	8	8	...	...	Cured
W.H—r.	19	Male	Dementia	37	7	7	9	8	29	...	Cured
W.L—e.	64	Male	Mania	22	8	8	8	13	5	...	Cured
M. S—e.	53	Female	Melancholia	30	7	0	7	3	3	...	Cured
E. S—n.	27	Female	Mania	16	9	11	10	6	9	...	Cured
L. M—s.	40	Female	Melancholia	8	8	11	9	0	3	...	Cured
E. S—s.	29	Female	Melancholia	12	8	7	8	7	...	...	Cured
J. E—s.	25	Female	Mania	27	7	10	8	4	8	...	Cured

TABLE of WEIGHTS—continued.

NAME.	Age.	Sex.	Form of Malady.	Period of Residence.	Weight on Admission.		Weight on Discharge.		Increase.	Decrease.	How Discharged.
				weeks.	st.	lbs.	st.	lbs.	lbs.	lbs.	
H. H—n.	35	Female	Melancholia	7	6	8	6	5	...	3	Cured
J. W—r.	...	Male	Mania	13	11	0	11	10	10	...	Cured
J. C—r.	21	Male	Mania	18	10	12	12	9	25	..	Cured
E. B—e.	19	Female	Mania	21	6	12	6	12	...	...	Cured
M. S—s.	23	Female	Mania	11	7	7	8	5	12	...	Cured
S. M. P.	31	Female	Melancholia	13	9	9	9	9	...	...	Cured
M. E—s.	22	Female	Acute Mania	22	7	5	9	7	30	...	Cured
T. W—s.	19	Male	Mania	14	7	3	7	4	1	...	Cured
M. S—n.	55	Female	Melancholia	12	7	6	7	11	5	...	Cured
E. R—e.	53	Female	Melancholia	25	8	3	10	4	29	...	Cured
M. P—s.	19	Female	Mania	17	7	8	8	8	14	...	Cured
P. S—s.	42	Female	Mania	24	8	12	10	6	22	...	Cured
E. T—r.	16	Female	Acute De- [mentia	11	7	4	8	7	17	...	Cured
A. K—t.	48	Female	Melancholia	11	7	6	7	8	2	...	Cured
C. B. J.	54	Male	Mania	10	11	7	11	12	5	...	Cured
J. P—y.	73	Male	Mania	8	10	8	10	5	...	3	Cured
F. B—n.	36	Male	Mania	14	11	1	14	3	44	...	Cured
S. E—r.	60	Male	Melancholia	11	11	10	12	7	11	...	Cured
S. H. M.	48	Female	Mania	8	8	1	7	12	...	3	Cured
S. P—y.	27	Female	Puer. Mania	13	8	3	8	9	6	...	Cured
L. P—r.	48	Female	Mania	19	9	2	9	10	8	...	Cured
S. P—s.	62	Female	Melancholia	9	9	4	8	6	...	12	Cured
C. B—n.	35	Male	Mania	6	9	3	9	7	4	...	Cured
M. A. W.	26	Female	Monomania	6	6	3	6	11	8	...	Cured
M. A. H.	34	Female	Mania	15	13	9	14	1	6	...	Cured
S. A—n.	51	Female	Mania	4	6	9	6	13	4	...	Cured
E. Y—n.	24	Female	Puer. Mania	4	5	6	6	0	8	...	Cured
E. R—d.	55	Female	Mania	6	8	8	9	5	11	...	Cured
M. W—s.	33	Female	Monomania	13	6	8	6	5	...	3	Cured
E. S—.	18	Female	Mania	13	7	1	8	9	22	...	Cured
J. S. B.	31	Male	Mania	5	10	2	10	12	10	...	Cured
A. C—s.	47	Female	Melancholia	5	6	2	6	2	...	...	Cured
H. B—d.	40	Male	Melancholia	17	11	0	12	12	26	...	Cured

TABLE OF WEIGHTS—*continued.*

NAME.	Age.	Sex.	Form of Malady.	Period of Resi- dence.	Weight on Admission.		Weight on Discharge.		Increase.	Decrease.	How Discharged.
				Weeks.	st.	lbs.	st.	lbs.	lbs.	lbs.	
I. L—d.	41	Female	Melancholia	7	8	8	9	4	10	..	Cured
S. A. K.	23	Female	Mania	13	8	2	8	11	9	...	Cured
M. O—n.	58	Female	Mania	7	8	2	8	3	1	...	Cured
A. G—n.	34	Female	Mania	15	5	13	6	1	2	...	Cured
W. H. J.	37	Male	Mania	9	11	0	11	12	12	...	Cured
J. H—l.	20	Male	Mania	11	9	5	10	2	11	...	Cured
J. P—e	35	Male	Monomania	13	12	5	13	5	14	...	Cured
A. S. G	17	Female	Mania	7	6	12	7	5	7	...	Cured
E. T—r.	30	Female	Monomania	7	9	5	9	4	...	1	Cured
C. M. A.	42	Female	Puer. Mania	4	8	3	8	5	2	...	Cured
J. S—y.	51	Female	Melancholia	6	8	8	9	0	6	...	Cured
A. H—s.	36	Female	Monomania	7	8	0	8	6	6	...	Cured

TABLE
OF THE
POST MORTEM APPEARANCES
OF
Patients who died during 1853.

TABLE OF POST-MORTEM APPEARANCES.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections	Mode of Death.	Date of Post Mortem Examination.	General External Appearance.	Scalp.	Cranium.	Weight of Brain.	C E R E B R A L .		Thorax.	Abdomen
												Membranes.	Substance.		
A. N.	47	Fem.	Melancholia.	6 Weeks.	Refusal of Food Exhaustion, Delirium.	Coma.	20 hours. — March 11th.	Extreme emaciation; well formed. Complexion sallow, dusky.	Thick anemic.	Very unequal in thickness; centre of parietal bones unusually diaphanous.	43½ oz.	Much congested throughout; blood fluid.	Grey matter pallid, median band well marked in places. Many bleeding puncta on section; few cysts in choroid, substance generally soft. 3 oz. of bloody serum escaped during the exam. of Brain.	Lungs healthy. Heart soft, fatty, full of fluid watery blood; valves healthy.	Liver large, friable. Gall der distended reddish yellow bile and large stone, (weigh grains.) Kidneys soft and friable Stomach, considerable patch congestion.
R. T.	51	Fem.	Mania.	18 Months	Erysipelas of Head and Face.	Coma.	24 hours p.m. — April 2nd.	Body plump, well-formed.	Thin, delicate, easily separable.	Thin asymmetrical; left lateral fossa much larger than right.	39½ oz.	Dura Mater slightly attached to Calvarium. Arachnoid slightly opalescent, generally. Pia Mater much engorged.	Grey matter paler than natural, no appearance of median band. Few bleeding puncta on section, 1½ oz. of serum in left lateral ventricle, and a little less in right; lining softened, septum lucidum very soft and partially broken down. Choroid congested, a mass of cysts. 2½ oz. of blood escaped at exam. of Brain.	Lungs engorged. did not collapse, otherwise healthy. Heart large, pale, and flabby.	Viscera healthy. Gall bladder full of thin brown bile.

TABLE OF POST-MORTEM APPEARANCES—continued.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	C E R E B R A L .		Thorax.
												Membranes.	Substance.	
S. C.	59	Fem.	Melan- cholia.	2 Months	Dis- eased Heart.	Syn- cope.	April 12th. — 24 hours p.m.	Body well formed & plump; the super- ficial veins much dis- tended, more espe- cially in neck & upper part of chest; lower part of thorax con- tracted by lacing.	Thick, firmly adherent.	Of aver- age thick- ness, but grooved unusual- ly deeply by veins and sinuses.	47 $\frac{3}{4}$ oz. — Sp. Gra 1061.11	Dura Mater almost inseparable, carrying away inner table. Arachnoid opales- cent in patches chiefly at summit of each hemisphere near me- dian line. Superficial veins much distended.	Convolutions very slightly marked. Cor- tical substance pallid throughout. Choroid without cysts, but granular. Many bleeding puncta on section; few drops of fluid in ventricles.	Lungs did not collapse, patches of congestion; emphysematous. Heart fatty degd. and loaded with adipose tissue; fin- ger passed through outer wall of left ventricle with ease. Blood every where very watery. Aorta at commen- cement atheroma- tous.
A. B.	54	Fem.	Melan- cholia.	15 Months	Ery- sipelas of Head and Face.	Coma.	June 19th. — 36 hours p.m.	Body much ema- ciated.	Of great thickness.	Thin generally and in places very dia- phanous.	49 $\frac{1}{4}$ oz. — Sp. Gra 1088.39	Dura Mater easily separable from inner table, much thicker and more tough than usual. Arachnoid generally opaque, more particularly so at summit of hemis- pheres, the two layers firmly united on sum- mit of left hemisphere for the space of a square $\frac{1}{2}$ inch. Pia Mater very much congested.	Very firm; Grey matter very dark, no appearance of Fovils bands. Medullary substance pinkish, many and large punc- ta on section, no fluid in ventricles. Choroid without cysts, granu- lar; hardly any exu- dation at examination	Lungs did not collapse, congested; no adhesions of pleura. Pulmon- ary substance heal- thy, crepitant, loaded with frothy mucus. Heart soft, uni- versally and firmly adherent to Pericar- dium, base loaded with adipose tissue; valves healthy; white fibrinous masses in auricles. Aorta spotted with atheroma.

TABLE OF POST-MORTEM APPEARANCES—continued.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	C E R E B R A L.		Thorax.	Abdomen.
												Membranes.	Substance.		
D. B.	22	Male	Dementia.	27 Months	Mesenteric disease.	Syncope.	July 2nd — 28 hours p.m.	Extreme emaciation.	Thin, bloodless	Dense structure; no diploe. Asymmetrical.	48½ oz. — Sp. Gra 1069.22	Dura Mater easily separable, veins engorged, thicker than natural. Arachnoid generally opaque—2 oz. of blood escaped in removing the Brain.	Grey and white matter of Cerebrum natural; about a drachm of fluid in each lateral ventricle; few puncta on section. Cerebellum very soft like butter; darker colour externally than usual. Choroid without cysts; no Fovilian band. Brain generally anæmic.	Lungs studded throughout with tuberculous matter, pleuræ covered with similar deposit, and universally adherent on both sides; cavity in left lung size of a walnut. Heart healthy, small, ventricles full of watery blood; an ounce of serum in Pericardium.	Mesentery eroded, unvulgarated with deposit of tuberculous matter, of size of pea, horsebeans. viscera glued together by old toneal inflammation. Liver mottled, bladder half healthy bile. neys granular right Iliac fossa Cæcum and intestines glued together into mass the size of nuts, this mass suppurated internally; abscess communicated bowels: adjacent intestines like blotting paper places.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections	Mode of Death.	Date of Post Mortem Examination.	General External Appearance.	Scalp.	Cranium.	Weight of Brain.	C E R E B R A L .		Thorax.	Abdomen.
												Membranes.	Substance.		
C. H.	59	Male	Melan- cholia.	4 Months	Dis- eased Heart.	Syn- cope.	July 16th. — 20 hours p.m.	Well formed; not ema- ciated; slight œdema of left ankle	Natural.	Of very great thickness. Pericran- ium very vascular.	43½ oz. — Sp. Gra 1054.54	Dura Mater easily separable, sinuses and veins much engorged —slight general opa- city of Arachnoid and some few patches of ecchymosis between it and surface of Brain	Firm, much venous congestion in superfi- cial vessels, but few bleeding puncta on section. Cortical sub- stance pale, median band visible in some few places; ventricles contained no fluid. Choroid full of cysts, nearly five grains of granular matter in pineal. Cerebellum soft. Cerebrum firm- er than usual.	Lungs congest- ed, did not col- lapse, old pleuritic adhesions on both sides. Heart occupying the centre of tho- rax, very large, loaded with fat. Pericardium con- tained 2 oz. of se- rum, both auricles and right ventricle dilated, walls thin as brown paper; left ventricle nat- ural, muscular sub- stance very soft and fatty, no fib- rous appearance left. Chordæ tend- ineæ much stretch- ed; two ruptured in right ventricle. Atheromatous de- posit in Coronaries but not in large vessels.	Liver large and granular in appear- ance though not very friable. Both kidneys more than twice natural size, mottled and lobulated, very fri- able; many cysts beneath capsule; capsule not remov- able without break- ing down renal tissue. Spleen had no more consist- ence than a clot of blood; other vis- cera healthy.

TABLE OF POST-MORTEM APPEARANCES—continued.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	C E R E B R A L.		Thorax.	Abdomen.
												Membranes.	Substance.		
W. S. G.	43	Male	Mania.	4 Months	Effusion of blood on the Brain after a blow.	Coma.	August 17th. — 26 hours p.m.	Body well formed, and in good condition; patches of subcutaneous congestion on head, face & limbs; watery blood oozing freely from the site of a blister on nape of neck.	Bled freely on section.	Very thick. Pericranium; very vascular; the redness extending to the inner table: a small shot imbedded in cranium about an inch above centre of right orbit; not affecting inner table in any way. Symmetrical.	46 oz. — Sp. Grav. 1095.23	Dura Mater easily separable, veins, &c. much congested—between layers of Arachnoid and occupying a space equal to the palm of the hand was a large clot, with fluid blood, together equal to two fluid ounces—partly enclosed in false membrane. Arachnoid transparent and healthy otherwise.	Left hemisphere much compressed by clot; few bleeding puncta on section, and none on compressed side, substance generally firm. Grey matter darker than usual, no median band visible. Choroid granular. Pons varolii contained clot size of horsebean on right of median line Cerebellum rather soft but healthy, except right Crus which was much softened & atrophied.	Lungs did not collapse, congested, full of frothy mucus. Heart large, pale, and flabby, much fat, friable, empty, walls thin. Blood very watery, Purpuric.	Liver congested. Gall bladder full of healthy greenish bile. Kidneys much congested. Capsule easily separable; other viscera healthy.

TABLE OF POST-MORTEM APPEARANCES—continued.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections.	Mode of Death.	Date of Post Mortem Examination.	General External Appearances	Scalp.	Cranium.	Weight of Brain.	C E R E B R A L.		Thorax.	Abdomen.
												Membranes.	Substance.		
E. B.	39	Fem.	Melancholia.	8 Months	Gastric disorder. — Refusal of Food	Syncope.	August 22nd. — 16 hours p.m.	Extreme emaciation.	Very thin anemic.	Very dense an white, like ivory, no diploe. Symmetrical.	43½ oz. — Sp. Gra 1087.50	Healthy — almost bloodless.	Grey matter pale. Few bleeding puncta on section, firm, healthy. Cerebellum softer than natural.	Lungs pale, crepitant, old cicatrices in apices of both; crctaceous deposit in upper part of right, size of horsebean. Heart healthy, firmly contracted; 2 oz. of serum in Pericardium.	Liver very large; healthy structure. Gall bladder full of greenish fluid bile. Stomach, duodenum and part of Jejunum much distended, appearing like one organ; no pylorus; ileum unequally contracted, in places only the size of ordinary cedar pencil; other viscera healthy.
E. P.	45	Fem.	Mania.	14 Days.	Refusal of Food — Exhaustion.	Syncope.	Dec. 8th. — 12 hours p.m.	Body well nourished.	Thick, fat.	Symmetrical; natural.	42¾ oz. — Sp. Gra 1052.79	Dura Mater easily separable, veins, &c. engorged — generally healthy.	Firm; bleeding puncta on section, layer of grey matter very broad; middle band faintly marked in a few places. Corpora striata unusually soft. Brain otherwise very healthy.	Lungs congested but crepitant, collapsing; some very slight adhesions at apices of both lungs. Heart healthy, superficial veins much injected; blood in left ventricle: auricles and right ventricle empty.	Liver pale, untuous but not very friable. Gall bladder distended with thick black bile; Cystic duct very slightly pervious. Stomach healthy, extending obliquely across abdomen. Kidneys friable, finely mottled on surface. Spleen very firm, small, healthy.

TABLE OF POST-MORTEM APPEARANCES—continued.

Name.	Age.	Sex.	Mental Malady.	Duration of Malady.	Concomitant Bodily Affections	Mode of Death.	Date of Post Mortem Examination.	General External Appearance.	Scalp.	Cranium.	Weight of Brain.	C E R E B R A L.		Thorax.	Abdomen.
												Membranes.	Substance.		
S.H.M.	49	Fem.	Mania.	20 Days.	Epilepsy? — Erysipelas of Face &c.	Coma.	Dec. 19th. — 14 hours p.m.	Well nourished; fat.	Thick, congested	Very little diploe; symmetrical.	44½ oz. — Sp. Gra 1075.75	Dura Mater firmly adherent opposite right temporal protuberance; superficial veins large, distended—much sub-Arachnoid effusion. Pia Mater congested.	Grey matter very narrow, pink, soft, came away with Pia Mater. Many puncta on section; median band well marked, no fluid in ventricles. Choroid a mass of cysts, some as large as split peas. Cerebellum very soft. Pineal body twice the usual size, and containing unusual quantity of grit.	Lungs congested, not crepitant, not collapsing; old adhesions in right pleura. Heart loaded with adipose tissue from base to apex; muscular structure healthy. Auricles full of watery blood.	Liver healthy. Gall bladder full of very thick dark green bile. Kidneys mottled on surface; capsule separable; other viscera healthy.